



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E387429**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	14-03234
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	12	-	27	-	2014			1543	31		0664
N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> IN <input checked="" type="checkbox"/> OF <input type="checkbox"/>											

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

SR 9 BLOCK NO. ☒ 3600 MILE POST ☐

DISTANCE  MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET) SR 92  
FEET ☐ S ☐ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 4252935908

LAST NAME BORRERO CUADRADO FIRST NAME CAMPO MIDDLE INITIAL E

STREET NEW ADDRESS 8509 79 AVE NE

CITY MARYSVILLE ST WA ZIP 98270

CDL RESTRICTIONS B ENDORSEMENTS

DRIVER'S LICENSE # BORRECE557CG STATE WA SEX M D.O.B. MMDDYYYY 02 - 07 - 1945

ON DUTY ☐ STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # AQX9941 STATE WA VIN# 1NXBR32EX7Z923836

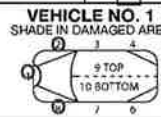
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2007 MAKE TOYT MODEL COROL STYLE 4D VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. CAMPO BORRERO CUADRADO 8509 79TH AVE NE MARYSVILLE WA 98270

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # FARMERS 186554423

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 3604033376

LAST NAME BANNISTER FIRST NAME KINSI MIDDLE INITIAL L

STREET NEW ADDRESS 13031 158TH PL NE

CITY ARLINGTON ST WA ZIP 982239437

CDL RESTRICTIONS B ENDORSEMENTS

DRIVER'S LICENSE # BANNIKL104QB STATE WA SEX F D.O.B. MMDDYYYY 11 - 02 - 1990

ON DUTY ☐ STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 7 NATURE OF INJURIES NECK PAIN

LICENSE PLATE # 567YPI STATE WA VIN# 3MEFM081X6R608854

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2006 MAKE MERC MODEL MIL4D STYLE 4D VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. STEVEN BANNISTER 13031 158TH PL NE ARLINGTON WA 98223

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # FARMERS 186042413

VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # CHARGE



OFFICER'S NAME (PRINT) RON BROOKS BADGE OR ID # 013 AGENCY WA0311900



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E387429

CASE #

14-03234

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME

(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.

MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME

(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.

MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME

(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.

MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NARRATIVE

Unit 2 was stopped in the northbound lane for a red light. Unit 1 was not able to stop and struck Unit 2. The driver of Unit 2 said that she had some neck pain and was later transported to the hospital by Aid. The driver of Unit 1 was un injured. Unit 1 was towed from the scene by Speedway towing at the owners request. Unit 2 was removed from the scene by a family memeber.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

RON BROOKS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

12-27-14 05:43 PM

DATED

PLACE SIGNED

APPROVED BY

RON BROOKS 013

DATE

12/27/2014 5:51:44 PM

BADGE OR ID #

013

ORI #

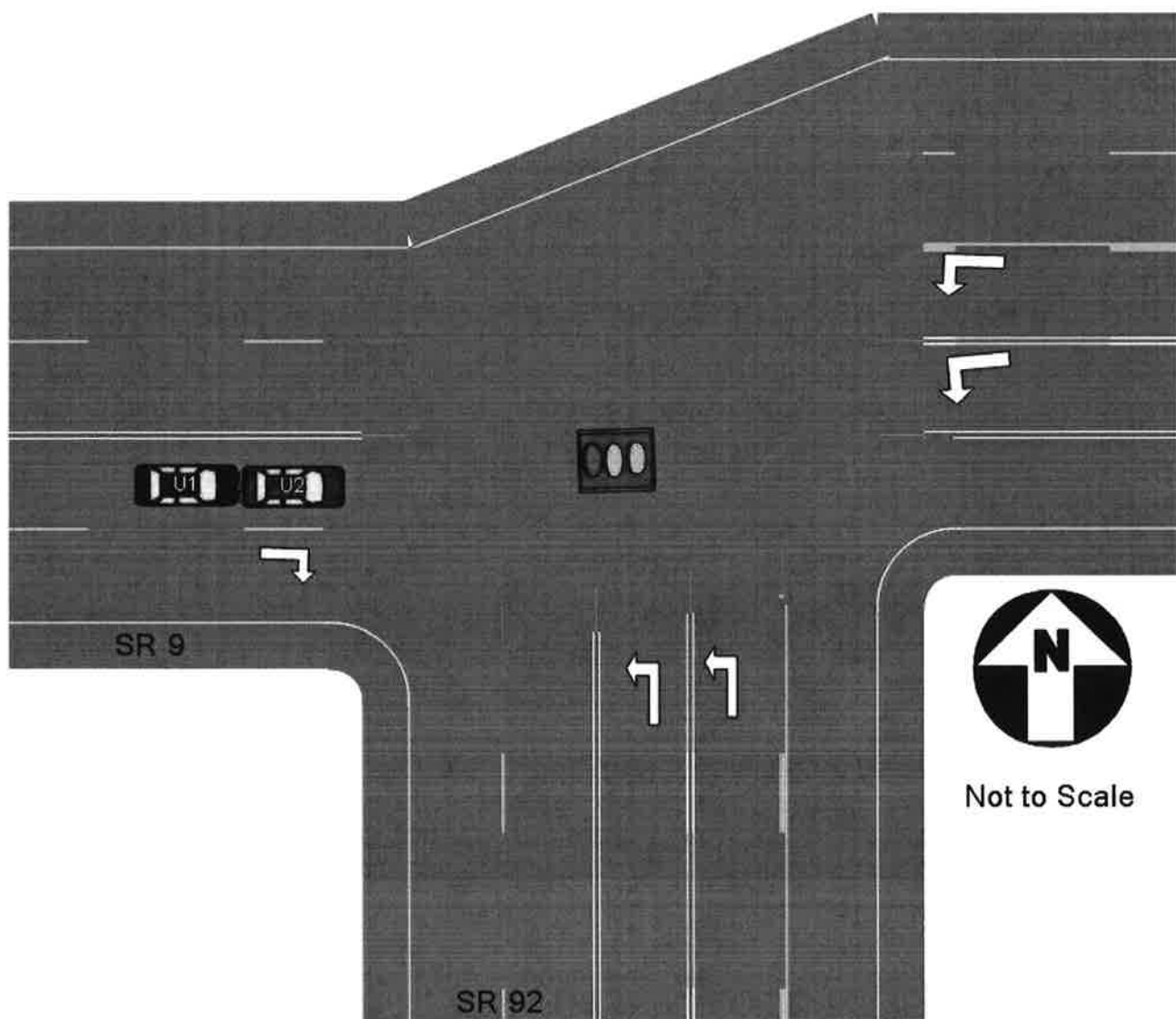
WA0311900

TIME POLICE DISPATCHED

3:43 PM

TIME POLICE ARRIVED

3:43 PM



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

14-03234

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Bannister, Kinsi Lynn	RACE	ETH	SEX F	DOB 11/2/1990	AGE 24	HGT 5'2"	WGT	HAIR	EYES
STREET ADDRESS 13031 158th PL NE		CITY Arlington		STATE WA		ZIP 98223		RES. STATUS		
HOME PHONE (360) 403-3376		CELL PHONE (360) 913-2815		PLACE OF EMPLOYMENT Mary Jean Oropesa DDS						
WORK PHONE (425) 9		EMAIL ADDRESS linney@hughos.net								

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I had to stop suddenly at a traffic light and the back of my car was hit by another vehicle.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Kinsi Bannister	DATE SIGNED	LOCATION SIGNED
OFFICER/NUMBER: SA [Signature]	DATE SIGNED 12/27/14	LOCATION SIGNED LK STEVENS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE \_\_\_ OF \_\_\_

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

14-03234

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) BERRERO CAMPO E.	RACE H	ETH	SEX M	DOB 2-7-45	AGE 69	HGT 508	WGT 160	HAIR GRY	EYES BLU	
STREET ADDRESS 8509 79th AVE NE		CITY MARYSVILLE			STATE WA	ZIP 98270		RES. STATUS			
HOME PHONE 425 293 1908		CELL PHONE 425 293 1908			PLACE OF EMPLOYMENT						
WORK PHONE		EMAIL ADDRESS camajada@hotmail.com									

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Quando circulaba por el 9 avce con 92 la luz estaba cambiando a amarillo y el carro que iba delante de mi freno y yo freno pero la carretera estaba mojada por la lluvia, mi carro deslizo golpeando al carro que iba delante mi

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>E. Campos</i>	DATE SIGNED 12-27-14	LOCATION SIGNED LK STEVENS
OFFICER/NUMBER: SGT. BROOKS	DATE SIGNED 11	LOCATION SIGNED 11

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE \_\_\_\_ OF \_\_\_\_

LAKE STEVENS POLICE EVIDENCE UNIT				Primary Officer/Badge Number <i>L. BROWARD #120</i>				Case Number <i>14-3234</i>			
Type of Crime: Felony / Misdemeanor (Circle)				Type of Case: <i>POSSession</i>				Date/Time: <i>12-27-14 1247</i>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING				*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkg will be held for 60 days or 60 days past owner notification							

Case # 14-03234

Item # <i>10-1</i>	Item <i>Photo CD</i>			Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)												
	Serial #		Where Found		Weight of Narcotic								
Action # <i>3</i>													
Owner's Name <i>USPS</i>							Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>#120</i>													
Item #	Item			Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)												
	Serial #		Where Found		Weight of Narcotic								
Action #													
Owner's Name							Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions													
Item #	Item			Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)												
	Serial #		Where Found		Weight of Narcotic								
Action #													
Owner's Name							Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions													
Item #	Item			Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)												
	Serial #		Where Found		Weight of Narcotic								
Action #													
Owner's Name							Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions													
Item #	Item			Brand Name			Storage Location	Disposition					
	Brand/Model/Caliber (Further Description)												
	Serial #		Where Found		Weight of Narcotic								
Action #													
Owner's Name							Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions													

Evidence Control Use Only:
 

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Incident History for: #SS14025717 Xref: #AF14004746

Case Numbers: \$SS14003234

Entered 12/27/14 15:43:03 BY SPDP17 ROGER

Dispatched 12/27/14 15:43:03 BY SPDP17 ROGER

Enroute 12/27/14 15:43:03

Onscene 12/27/14 15:44:48

Closed 12/27/14 16:34:44

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1718 Map Page: 377E-4 Group: SS1 Beat: Src

Loc: SR 9 NE/SR 92 , LKS (V)

Loc Info:

Name: Addr: Phone:

/1543 (ROGER ) \$OUTSRV , NO MORE INFORMATION  
/1543 DISPER 19S10 #SS13 BROOKS, SGT (RON)  
/1543 CHANGE LOC: 92/SR 9 --> SR 9 NE/SR 92 , LKS,  
BLK: --> SS001  
/1543 ASSTER 19D3 [SR 9 NE/SR 92 , LKS]  
#SS120 BERNHARD, OFFICER (KERRY)  
/1543 MISC 19S10 , COL IS BLOCKING  
/1544 MISC 19S10 , NECK PAIN, ADULT FEM, C A B N  
/1544 ONSCNE 19S10  
/1544 (SS120 ) \*ONSCNE 19D3  
/1545 (ROGER ) CROSS #AF14004746  
/1547 ASNCAS 19S10 \$SS14003234  
/1556 ROTREQ 19D3 TOW 5348 LKS SPEEDWAY TOWING INC  
3605635630 , PC, 4 RND, REAR END DAMAGE  
/1610 CROSS #AG14003746  
/1611 MISC , XREF #AF14004746 IN ERROR  
/1616 (SS120 ) CLEAR 19D3  
/1634 (ROGER ) CLEAR 19S10 D/H  
/1634 CLOSE 19S10